

<p style="text-align: center;">Human Resources & Training/PIER Workgroup EMSSTAR Workgroup – Meeting Notes</p>
--

July 7th, 2005, 1:00 – 4:00 pm
Maine Emergency Medical Services Office
500 Civic Center Drive
Augusta, Maine

Present:

Brian Mullis, EMT-P, Mayo Ambulance
Dan Palladino, EMT-P, Delta Ambulance, Wtvl
Dwight Corning, EMT-P, Maine EMS
Paul Marcolini, EMT -P
Skip Stewart-Dore, SMCC
Steve Leach, RN, EMT-P, Mid Coast EMS
Chief Bill St. Michel, Durham FD
Jonathan Ward, EMT, St. George Fire – EMS

Not Present:

Susan Dupler, RN, Waldo County Hospital
Beth Collamore, MD, Aroostook EMS
Cathy Case, RN, LifeFlight of Maine
Holly Scribner, Cushing Rescue
Sue Hludik, Wells EMS
Kevin Marston, EMT-P, Wells EMS/PACE
Bill Zito, Mid Coast EMS
Carol Pillsbury, EMT-P, Northstar Ambulance
Chief Daniel Moore, Wells Fire Department
Diane Delano, Poland, ME
Charlie Mock, EMT-P, Turner, ME

1. Review/Approval of Notes from 7/7 meeting

- a. Add Skip Stewart-Dore, SMCC to Present List.
- b. Jonathan Ward status changed to EMT.
- c. Minutes approved with above changes.

2. Continue discussion of EMSSTAR “Status” – HR & Training report

- A. **Status:** *“Several providers expressed disappointment at the recent removal of requirements for certain external EMS or specialty certifications. It appeared to the team that a communications gap between Maine EMS and the provider community impeded provider understanding of the rationale for this change. EMS specialty courses (ACLS, PALS, PHTLS, etc.) appear to be available*

within the state. However, access may be limited, particularly with respect to rural providers.”

1. Group feels that the word “Impeded” seems a bit strong and actually may not be the case. However, it can’t be disputed that some feel there is limited access.

B. **Status:** *“There is a statutory mandate for ambulance vehicle operator training. However, the deadline for compliance has been pushed back several times for a variety of reasons related to funding and a monitoring mechanism.”*

1. Group feels this is an accurate statement.

C. **Status:** *“There is a statewide critical incident stress management program available to EMS providers. This is an important component of a system to facilitate retention of EMS personnel who might otherwise leave the profession due to critical incident stress.”*

1. Group feels this is an accurate statement.

D. **Status:** *“The health care community of the state is to be commended for the development of a statewide hospital-based video-conference capability in hospitals around the state. This capability, which is extraordinarily economical, is used by EMS providers to facilitate remote participation in meetings, conferences, and other functions.”*

1. Group feels this is an accurate statement, however, the technology is underused.

E. **Status:** *“The state has enacted an EMS-specific line-of-duty death benefit. This is an important measure, for which those responsible should be commended.”*

1. Group feels this is an accurate statement.

4.3.3 Recommendations:

➤ *“Remove the requirement for regional approval of initial training programs and place this function at the state level.”*

1. Clarification from State (D. Corning) that this recommendation is a conceptual recommendation. The actual process had not been discussed.
2. Group would like to know how many courses are actually being approved currently in order to prioritize this recommendation and develop the process.

- *“Develop and implement a process for institutional and agency approval for on-going course delivery modeled after contemporary accreditation processes that precludes the requirement for individual course approval.”*
 1. Group was confused as to where the fiscal responsibility lies within this recommendation and the others. If the State takes over the training programs, how will they be funded?

- *“Repeal the rule requiring pre-approval of continuing education programs. Replace it with a rule requiring documentation of course content and student participation that can be reviewed after the fact by Maine EMS.”*
 1. Feeling that the first 3 recommendations are really the “meat” of the group’s responsibilities.
 2. These three recommendations are very closely linked. Before the group can tackle this, they will need the numbers regarding number of courses offered. This process can be considered a “low hanging fruit” and should be easy to do by calling the providers.

- *“In cooperation with other state agencies, develop a plan to assure that EMD training is required for all personnel answering 9-1-1 EMS calls.”*
 1. Since this recommendation is currently being worked on within the legislature, the group feels this should be removed from their responsibilities.

- *“Explore alternative resources and partnerships to accelerate compliance with the AVOC requirement.”*
 1. State does not have the numbers regarding current compliance because they are not tracked due to lack of funding.
 2. Can a field be added to online system to help document this?
 3. Can each provider be contacted to find out how many people are in compliance?
 4. Can AVOC and EVOC be combined? Much of the same information/training is identical covered within each.
 5. Does “alternative resources” mean the state will not be providing funding but rather hand back to the providers to find out how to fund this endeavor
 6. Insurance premiums may be a way to offset the costs involved with bringing everyone up to compliance.
 7. Group agrees with recommendation, however, in order to address this issue, funding should be allocated in order to find the current compliance numbers.

- *“Encourage increased utilization of the hospital-based video conferencing network to facilitate increased opportunities for distance education for EMS providers.”*

3. Continue discussion of EMSSTAR “Status” – PIER report

Standard: *“To effectively serve the public, each agency must develop and implement an EMS public information, education and relations (PIER) program. The PIER component of the EMS plan ensures that consistent, structured PIER programs are in place that enhance the public's knowledge of the EMS system, support appropriate EMS system access, demonstrate essential self-help and appropriate bystander care actions, and encourage injury prevention. The PIER plan is based on a needs assessment of the population to be served and an identification of actual or potential problem areas (i.e., demographics and health status variable, public perceptions and knowledge of EMS, type and scope of existing PIER programs). There is an established mechanism for the provision of appropriate and timely release of information on EMS-related events, issues and public relations (damage control). The agency dedicates staffing, training and funding for these programs, which are directed at both the general public and EMS providers. The agency enlists the cooperation of other public service agencies in the development and distribution and evaluation of these programs, and serves as an advocate for legislation that potentially results in injury illness prevention.”*

- **Status:** *“There is no comprehensive PIER program in place at the state level. Although they recognize the importance of public information, system members have not dedicated the necessary resources to realize the benefits of elevated public awareness. As a result of limited public awareness of its needs and limitations, the EMS community has been singularly unsuccessful in obtaining the funding necessary for it to assure critical infrastructure and the availability of its essential lifesaving services.”*

1. Group feels this statement is implying that the lack of funding is due to a lack of public education.
2. People support their communities but may not see the larger funding picture.
3. Group feels that the EMS services may not see the importance in educating the public
4. Educating the EMS services on PEIR may be more important than educating the public at this point
5. Use PIER to lobby for funding to the legislature
6. Trauma Prevention is being done currently within the hospitals

7. Need to have a paid PIER person on staff; right now it is completely volunteer. The volunteerism breeds community apathy because there is such a low attendance at events.
8. Group feels this is a great idea; however, the rural services may be hard to convince AND find funding for.
9. Group feels this is an accurate statement.

➤ **Status:** *“Maine EMS does not have staff resources dedicated to the PIER function. In addition to lack of public awareness, there is a lack of resources devoted to intra-system communication. The Maine EMS web site contains a variety of useful information and documents; however lack of staff resources results in delayed updates of information, posting of meeting minutes, etc. The Maine EMS Journal is an excellent publication which has been in existence for many years.”*

1. Group feels this is an accurate statement.

➤ **Status:** *“Most of the PIER programs that have been identified on local and regional levels have been medical education outreach. There are several excellent examples of such programs around the state including those that have resulted from a partnership with EMSC, including Youth Suicide Prevention Gatekeeper Training Program, and the formulation of regional injury prevention teams. Maine EMS has participated for many years in the National EMS Week campaign, and utilizes this opportunity to recognize EMS stakeholder accomplishments.”*

1. Group feels this is an accurate statement.

➤ **Status:** *“However in spite of these accomplishments there are no efforts to improve system utilization, eliminate unnecessary use, or enhance public awareness of the EMS system.”*

1. There was confusion as to what “eliminate unnecessary use” means.

4.7.3 Recommendations:

➤ *“Focus the PIER campaign on increasing the awareness of elected officials and decision-makers about the current status and urgent fiscal needs of Maine’s EMS system.”*

1. Identify legislators that are EMT’s and start the education with them
2. Work on obtaining National information in regards to other PIER programs.
3. Educate legislators about their own local EMS and who are the point people to go to if they have questions if an issue comes up.

4. Start by educating the EMS community as to what the PIER program is.
- *“Develop and implement comprehensive and integrated EMS public information, education, and relations program.”*
 1. This recommendation is dependant on the first recommendation and first educating the EMS system itself as to the importance of this program.
 - *“Elevate the priority of PIER within each agency’s priorities such that it remains a critical focus at the state, regional, and local level.”*
 1. This is needed in order to retain funding
 2. PIER is also essential to EMS recruitment and retention.
 - *“Establish a mechanism for rapid dissemination of policy decisions, meeting minutes, and other announcements of interest to EMS agencies and personnel.”*
 1. This has now improved significantly via the EMS State website, however, group must also be aware that there are still those who do not have internet access.
 2. Even if dissemination of material is accomplished there may be lack of interest by individuals and service chiefs.
 3. Priorities in order: c, d, a and b

4. HR & Training “TO DO” List (info group needs in order to accurately design a work plan)

- a. Continuing Education Hours: getting a list of numbers from each region regarding how many courses were approved and how many licenses were issued – Jonathan to do
- b. How many FTE hours are spent processing - Jonathan to do
- c. How many programs have been done in each region - Skip to do
- d. AVOC numbers? Add a field to the current Licensure program online that could quantify the numbers of AVOC compliance. – Dwight to do
- e. Get the numbers from MMA; International Assoc. of Fire Chiefs,; American Ambulance Assoc.; regarding the insurance premium benefits that regions can gain by having high AVOC compliance. – Steve and Paul to do.
- f. Contact MMA, IAFC regarding grants available for AVOC certification

- g. Partnering with Maine Fire Training to provide equivalent trainings in regards to EVOC and AVOC.
- h. Evaluate the standards of AVOC and EVOC to see if they can be combined.
- i. AVOC position must be put back on the Legislative Priority List and must be funded in order to meet the January 2007 deadline. (\$100,000 annually)

5. PIER “TO DO” List (info group needs in order to accurately design a work plan)

Recommendation 1

- a. List of those certified to PIER Train the trainer – Steve
- b. Copy of Train the Trainer program – Paul (will try to e-mail)

Recommendation 2

- a. Marketing plan for internal communications in order to push people to the website. Also, market to providers through the “Journal”
- b. One stop shopping site including regional classes offered
- c. There is no “repository” of information through the EMS website; must go to regional websites. This should be looked at to refine and move to State EMS site.

6. Plan next meeting:

- a. Assignments - See To Do Lists above.
- b. Next meeting: August 4th from 1-4pm at the EMS Services Office.